

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10 /

SERIAL NO.

520758

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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9						
10						
11						
12						
13						
14	1					
15	1					
16	1					
17	1					
18		1				
19		1				
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50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	3	←	←	←	←	←
TOTAL CLAIMS	11	[QR]	[QR]	[QR]	[QR]	[QR]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]